

POSITION	ID NO.	DATE
CLASSIFIER	55	1-26-88
EXAMINER	71629	1-26-88
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.	71629	1-26-88
DRAFTING		

## INDEX OF CLAIMS

Claim	Claim	Date
1	1	1/13/99
2	2	1/13/99
3	3	1/13/99
4	4	1/13/99
5	5	1/13/99
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42	42	1/13/99
43	43	1/13/99
44	44	1/13/99
45	45	1/13/99
46	46	1/13/99
47	47	1/13/99
48	48	1/13/99
49	49	1/13/99
50	50	1/13/99

## SYMBOLS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through number) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date					
Final	Original					
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